

Fill in this information to identify your case:

Debtor 1	SHERRY T RICHARDS		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF MINNESOTA FOURTH DIVISION		
Case number (if known)	17-40490		

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

Your assets
Value of what you own

1. Schedule A/B: Property (Official Form 106A/B)	\$	156,766.00
1a. Copy line 55, Total real estate, from Schedule A/B.....		
1b. Copy line 62, Total personal property, from Schedule A/B.....	\$	102,478.50
1c. Copy line 63, Total of all property on Schedule A/B.....	\$	98,103.50
	\$	259,244.50

Part 2: Summarize Your Liabilities

Your liabilities
Amount you owe

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	\$	152,789.00
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...		146,245.00
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	\$	0.00
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>		
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	\$	23,887.00

Your total liabilities \$ 176,676.00

Part 3: Summarize Your Income and Expenses

4. Schedule I: Your Income (Official Form 106I)	\$	4,275.00
Copy your combined monthly income from line 12 of <i>Schedule I</i>		4,387.00
5. Schedule J: Your Expenses (Official Form 106J)	\$	4,025.00
Copy your monthly expenses from line 22c of <i>Schedule J</i>		4,076.00

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes

7. What kind of debt do you have?

Your debts are primarily consumer debts. *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Debtor 1 SHERRY T RICHARDS

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$	2,892.00
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9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

From Part 4 on Schedule E/F, copy the following:	Total claim
9a. Domestic support obligations (Copy line 6a.)	\$ 0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ 0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ 0.00
9d. Student loans. (Copy line 6f.)	\$ 0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ 0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ 0.00
9g. Total. Add lines 9a through 9f.	\$ 0.00

Fill in this information to identify your case:

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	First Name	Middle Name	Last Name
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United States Bankruptcy Court for the:	DISTRICT OF MINNESOTA FOURTH DIVISION		
Case number (if known)	17-40490		

Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? *Check one only, even if your spouse is filing with you.*

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
4330 LOGAN AVENUE NORTH MINNEAPOLIS, MN 55412 HENNEPIN County Homestead	\$156,766.00	<input checked="" type="checkbox"/> \$28,608.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Minn. Stat. §§ 510.01, 510.02

Legally described as:
 Lot 29, Block 2, Thrall-McKenzie Co's
 Oxford Manor, Hennepin County,
 Minnesota

FMV: Market Analysis Nov. 2016 -
 \$156,766

Line from *Schedule A/B*: 1.1

1998 Ford Expedition 151,000 miles NADA - clean retail	\$3,350.00	<input checked="" type="checkbox"/> \$3,350.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Minn. Stat. § 550.37 subd. 12a
Line from <i>Schedule A/B</i> : 3.2			
2003 Chevrolet Tahoe 170,000 miles NADA - clean retail	\$7,125.00	<input checked="" type="checkbox"/> \$581.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Minn. Stat. § 550.37 subd. 12a
Line from <i>Schedule A/B</i> : 3.3			
Refrigerator \$800; Stove \$650; Washer/Dryer \$500	\$975.00	<input checked="" type="checkbox"/> \$975.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Minn. Stat. § 550.37 subd. 4(b)
Line from <i>Schedule A/B</i> : 6.1			

Debtor 1 SHERRY T RICHARDS

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Dining room furniture \$500; Patio furniture \$300; Bedroom furniture \$1500; Living room furniture \$1000 Line from Schedule A/B: 6.2	\$1,650.00	<input checked="" type="checkbox"/> \$1,650.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Minn. Stat. § 550.37 subd. 4(b)
TV Line from Schedule A/B: 7.4	\$500.00	<input checked="" type="checkbox"/> \$500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Minn. Stat. § 550.37 subd. 4(b)
Clothes Line from Schedule A/B: 11.1	\$200.00	<input checked="" type="checkbox"/> \$200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Minn. Stat. § 550.37 subd. 4(a)
Wedding ring Line from Schedule A/B: 12.1	\$200.00	<input checked="" type="checkbox"/> \$200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Minn. Stat. § 550.37 subd. 4(c)
Watch Line from Schedule A/B: 12.2	\$25.00	<input checked="" type="checkbox"/> \$25.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Minn. Stat. § 550.37 subd. 4(a)
Child support: Debtor is owed approximately \$68,692 in back child support Line from Schedule A/B: 29.1	\$68,692.00	<input checked="" type="checkbox"/> \$68,692.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Minn. Stat. § 550.37 subd. 15
Earned, but unpaid wages (estimated) Line from Schedule A/B: 30.1	\$500.00	<input checked="" type="checkbox"/> \$375.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	15 U.S.C. § 1673
Term life insurance through current employer - no cash value Beneficiary: Spouse Line from Schedule A/B: 31.1	\$1.00	<input checked="" type="checkbox"/> \$1.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Minn. Stat. § 550.37 subd. 23

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

 No Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No Yes

UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA

In Re:

Sherry Richards

Bkry Case No: 17-40490

Chapter 13

Debtor(s).

**UNSWORN CERTIFICATE
OF SERVICE**

I, Melissa Matthews, employed by Hoglund, Chwialkowski & Mrozik, PLLC, attorneys licensed to practice law in this Court, with office address of 1781 West County Road B, Roseville, Minnesota 55113, declare that on April 18, 2017, I served the amended Summary of Assets and Liabilities and amended Schedule C to each of the entities named below by first class mail postage prepaid and to any entities who are Filing Users, by automatic e-mail notification pursuant to the Electronic Case Filing System:

Sherry Richards
4330 Logan Avenue North
Minneapolis, MN 55412

And to all creditors/parties in interest listed on matrix (see attached)

I declare, under penalty of perjury, that the foregoing is true and correct.

Dated: April 18, 2017

Signed: /e/ Melissa Matthews
Paralegal

CREDIT ACCEPTANCE CORP.
Document Page 6 of 9
Stewart Zilmen and Jungers
2277 Highway 36 West
Ste 100
Roseville, MN 55113-3896

Minneapolis
301 U.S. Courthouse
300 South Fourth Street
Minneapolis, MN 55415-1320

ABBOTT NORTHWESTERN HOSPITAL
800 E 28TH ST
MINNEAPOLIS MN 55407-3799

ALLINA HEALTH
2925 CHICAGO AVE
MINNEAPOLIS MN 55407-1321

AMAZON/SYNCHRONY BANK
PO BOX 960013
ORLANDO FL 32896-0013

AMERICAN ACCOUNTS & ADVISERS INC
7460 80TH ST S
COTTAGE GROVE MN 55016-3007

ASOOC SKIN CARE SPECIALISTS
7205 UNIVERSITY AVE NE
FRIDLEY MN 55432-3134

AmeriCredit Financial Services, Inc. dba GM
P O Box 183853
Arlington, TX 76096-3853

CAPITAL ONE BANK USA NA
PO BOX 30285
SALT LAKE CITY UT 84130-0285

CENTERPOINT ENERGY
PO BOX 4671
HOUSTON TX 77210-4671

CLIENT SERVICES INC
3451 HARRY S TRUMAN BLVD
SAINT CHARLES MO 63301-9816

CONSULTING RADIOLOGISTS LTD
1221 NICOLLET MALL STE 600
MINNEAPOLIS MN 55403-2444

CREDIT FIRST N A
PO BOX 818011
CLEVELAND, OH 44181-8011

Credit Acceptance
25505 West Twelve Mile Rd
Suite 3000
Southfield, MI 48034-8331

DISH NETWORK LLC
PO BOX 94063
PALATINE IL 60094-4063

DIVERSIFIED ADJUSTMENT SERVICES INC
PO BOX 32145
FRIDLEY MN 55432-0145

EXPRESS/COMENITY BANK
ATTN BANKRUPTCY DEPT
PO BOX 182125
COLUMBUS OH 43218-2125

FIRESTONE COMPLETE
3451 HARRY S TRUMAN BLVD
SAINT CHARLES MO 63301-4047

GERALD RICHARDS
4330 LOGAN AVE N
MINNEAPOLIS MN 55412-1230

GM FINANCIAL
PO BOX 183593
ARLINGTON TX 76096-3593

(p)GUARANTY BANK
4000 W BROWN DEER ROAD
LOAN ADMINISTRATION
BROWN DEER WI 53209-1221

HENNEPIN COUNTY MEDICAL CENTER
730 S 8TH ST
MINNEAPOLIS MN 55415

HOSPITAL PATHOLOGY ASSOCIATES
2800 10TH AVE S STE 2200
MINNEAPOLIS MN 55407-1311

Hennepin County Treasurer
A600 Government Center
300 S 6th Street
Minneapolis, MN 55487-0999

IC SYSTEMS INC
444 HWY 96 E
PO BOX 64378
SAINT PAUL MN 55164-0378

INFECTIOUS DISEASE CONSULTANTS
11676 WAYZATA BLVD
HOPKINS MN 55305-2009

INTERMED CONSULTANTS
6200 SHINGLE CREEK
STE 260
MINNEAPOLIS MN 55430-2128

IRS
PO BOX 7346
PHILADELPHIA PA 19101-7346

KIDNEY SPECIALIST OF MN
6200 SHING CREEK PKWY
BROOKLYN CENTER MN 55430-2128

LANDIS PLASTIC SURGERY
PO BOX 667
CIRCLE PINES MN 55014-0667

MAURICES/COMENITY BANK
ATTN BANKRUPTCY DEPT
PO BOX 182125
COLUMBUS OH 43218-2125

MESSERLI & KRAMER PA
3033 CAMPUS DR STE 250
PLYMOUTH MN 55441-2662

MIDLAND CREDIT MANAGEMENT INC
8875 AERO DR STE 200
SAN DIEGO CA 92123-2255

MIDLAND FUNDING LLC
2365 NORTHSIDE DR STE 300
SAN DIEGO CA 92108-2709

MINNEAPOLIS CARDIOLOGY ASSOCIATES
800 E 28TH ST
#H2100
MINNEAPOLIS MN 55407-3723

MINNEAPOLIS CLINIC OF NEUROLOGY
3400 W 66TH ST
EDINA MN 55435-2109

MINNEGASCO
PO BOX 4671
HOUSTON TX 77210-4671

MINNESOTA EPILEPSY GROUP
C/O
AMERICAN ACCOUNTS & ADVISERS
7460 80TH ST S
COTTAGE GROVE MN 55016-3007

MINNESOTA GASTROENTEROLOGY
2200 UNIVERSITY AVE W STE 120
SAINT PAUL MN 55114-1920

MINNESOTA LUNG CENTER
7450 FRANE AVE S
STE 103
MINNEAPOLIS MN 55435-4783

MINNESOTA ONCOLOGY
1175 PAYSHERE CIRCLE
CHICAGO IL 60674-0011

MN DEPARTMENT OF REVENUE
BANKRUPTCY SECTION
PO BOX 64447
SAINT PAUL MN 55164-0447

MULTICARE ASSOCIATES
11855 ULYSSES ST NE STE 110
BLAINE MN 55434-3948

NEW YORK & CO/COMENITY BANK
ATTN BANKRUPTCY DEPT
PO BOX 182125
COLUMBUS OH 43218-2125

NORTH MEMORIAL HOSPITAL
PO BOX 1477
MINNEAPOLIS MN 55440-1477

NORTHPOINT HEALTH & WELLNESS CTR
PO BOX 86 SDS 12-2445
MINNEAPOLIS MN 55486-0086

NORTHWEST ANESTHESIA PA
2828 CHICAGO AVE S
STE 300
MINNEAPOLIS MN 55407-1573

Quantum3 Group LLC as agent for
Comenity Bank
PO Box 788
Kirkland, WA 98083-0788

Quantum3 Group LLC as agent for
JH Portfolio Debt Equities LLC
PO Box 788
Kirkland, WA 98083-0788

RELIANCE RECOVERIES
6160 SUMMIT DR STE 420
BROOKLYN CENTER MN 55430-2149

STATEBRIDGE COMPANY LLC
5680 GREENWOOD PLZ BLVD STE 100S
ENGLEWOOD CO 80111-2404

SURGICAL SPECIALISTS
5354 EDGEWOOD DRIVE
MOUNDS MN 55112-1402

TRANSWORLD SYSTEMS
507 PRUDENTIAL RD
HORSHAM PA 19044-2308

TWIN CITIES ORTHOPEDICS
2155 FORD PKWY
SAINT PAUL MN 55116-1862

US Trustee
1015 US Courthouse
300 S 4th St
Minneapolis, MN 55415-3070

VERIZON WIRELESS
PO BOX 25505
LEHIGH VALLEY PA 18002-5505

Gregory A Burrell
100 South Fifth Street
Suite 480
Minneapolis, MN 55402-1250

Robert J. Hoglund
Hoglund, Chwialkowski & Mrozik, PLLC
1781 West County Road B
P.O. Box 130938
Roseville, MN 55113-0019

SHERRY T RICHARDS
4330 LOGAN AVE N
MINNEAPOLIS, MN 55412-1230

The preferred mailing address (p) above has been substituted for the following entity/entities as so specified by said entity/entities in a Notice of Address filed pursuant to 11 U.S.C. 342(f) and Fed.R.Bank.P. 2002 (g)(4).

GUARANTY BANK
4000 W BROWN DEER ROAD
BROWN DEER WI 53209

End of Label Matrix	
Mailable recipients	65
Bypassed recipients	0
Total	65

UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA

In re:

Bankruptcy Case Number: 17-40490

Sherry T. Richards,

Debtor(s).

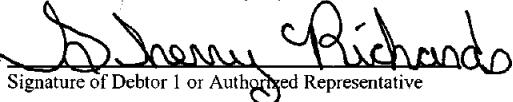
SIGNATURE DECLARATION

- () PETITION, SCHEDULES & STATEMENTS
() CHAPTER 13 PLAN
() SCHEDULES & STATEMENTS ACCOMPANYING VERIFIED CONVERSION
(X) AMENDMENT TO PETITION, SCHEDULES & STATEMENTS
(X) MODIFIED CHAPTER 13 PLAN/MOTION FOR HEARING
() OTHER:

I (we), the undersigned debtor(s) or authorized representative of the debtor, make the following declarations under penalty of perjury:

1. The information I have given my attorney for the electronically filed petition, statements, schedules, amendments, and/or chapter 13 plan, as indicated above, is true and correct;
2. The Social Security Number or Tax Identification Number I have given to my attorney for entry into the court's Case Management/Electronic Case Filing (CM/ECF) system as a part of the electronic commencement of the above-references case is true and correct;
3. [individual debtors only] If no Social Security Number was provided as described in paragraph 2 above, it is because I do not have a Social Security Number;
4. I consent to my attorney electronically filing with the United States Bankruptcy Court my petition, statements and schedules, amendments, and/or chapter 13 plan, as indicated above, together with a scanned image of this Signature Declaration;
5. My electronic signature contained on the documents filed with the Bankruptcy Court has the same effect as if it were my original signature on those documents; and
6. [corporate and partnership debtors only] I have been authorized to file this petition on behalf of the debtor.

Date: 4-17-17


Signature of Debtor 1 or Authorized Representative

Signature of Debtor 2

Sherry T. Richards

Printed Name of Debtor 1 or Authorized Representative

Printed Name of Debtor 2

HOGLUND, CHWIAŁKOWSKI & MROZIK, PLLC

Signed: /c/ Robert J. Hoglund

Robert J. Hoglund #210997

1781 West County Road B

P.O. Box 130938

Roseville, Minnesota 55113

Telephone Number: (651) 628-9929